SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY OF 1
 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
BEVERLY F. JORDAN, MD	
7 INDIGO PLACE	
ENTERPRISE, AL 36330-8110	
lallallandladlalladalandladlllandd	2:18471941
9590 9402 2170 6193 0252 95	3. Service Type ☐ Priority Mall Express®☐ Registered Mail™☐ Adult Signature Restricted Delivery ☐ Certified Mail® Extricted Delivery☐ Collect on Delivery☐
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation
7017 3380 0000 5793 62	5 L Restricted Delivery Restricted Delivery

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Domestic Return Receipt